CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST	4	D MI	OFFICE	USE ONLY		
	NICKNAME LAST	o	SUFFIX	1/15/19 XC	r fle		
	MUASIE	etn		Aunum	1 XOMY_		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #	; CITY;	STATE; ZIP CODE	O armi	al		
Change of Address	606 WILSON S	+ cost Der	ton TV 7625				
5 CANDIDATE/	AREA CODE PHONE NUMB	BER	EXTENSION				
OFFICEHOLDER PHONE	(940) 395 - 800			Date Hand-delivered	war in the second		
6 CAMPAIGN	MS / MRS MR	1	MI	Receipt #	Amount \$		
TREASURER NAME	Gerard D.			Date Processed			
72	NICKNAME LAST	no. Ha	3011 31	Date Imaged			
	STREET ADDRESS (NO PO BOX PLEAS	PEN ART / CHITE #	CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEAS	SE); APT / SUITE #,	ont, otate,	2.1 0052			
(Residence or Business)							
(Treated or Easthese)	606 Wilson Str	eet Dentoi	TX 76204	5			
8 CAMPAIGN	AREA CODE PHONE NUME		EXTENSION	1			
TREASURER PHONE	(940) 395-8	006					
9 REPORT TYPE	January 15 300	h day before election	Runoff	treasurer a (Officeholde	er Only)		
	July 15 8th	day before election	Exceeded \$500 limit	Final Repo	rt (Attach C/OH - FR)		
10 PERIOD	Month Day	Year	Month	Day Yea	r		
COVERED	67/01/2	018 THRO	риан 12/	/31/20	18		
11 ELECTION	ELECTION DATE		ELECTION TYP	E			
	Month Day Year	Primary E	Runoff Other Description				
	1	General S	Special				
12 OFFICE	OFFICE HELD (If any)	1	3 OFFICE SOUGHT (if know	vn)			
	District 7	31 1	NIA				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		V					
14 C/OH NAME	secard	Hudspeth 15 Fil	er ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
1	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
4							
* *		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
-		COMMITTEE CAMPAIGN TREASURER ADDRESS					
25		*					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	S				
TOTALS	PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	2. TOTAL POLITICAL CONTRIBUTIONS						
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2000				
			2000				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ (%				
IOIALS	UNLESS ITEMIZED						
	The state of the s						
8	4. TOTAL POLITICAL EXPENDITURES \$						
CONTRIBUTION							
BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 2000				
	OF REP	ORTING PERIOD	1 2000				
OUTSTANDING	6. TOTAL I	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE					
LOAN TOTALS	LAST DAY OF THE REPORTING PERIOD \$						
		G. 11					
18 AFFIDAVIT							
7		I swear, or affirm, under penalty of perjur					
		true and correct and includes all information and	tion required to be reported by me				
KA	VRISA LEIGH RICHAF	under Title 15, Election Code.					
M	y Notary ID # 131826	791					
Diameter Diameter	rpires December 14, 2	022					
		Signature of Candidat	e or Officeholder				
	ID (SEAL ABOVE						
AFFIX NOTARY STAMP/ SEALABOVE							
Sworn to and subscribed before me, by the said Verard Hudspeth, this the							
Sworth to and subscribed before the, by the said							
day of more , 20 19, to certify which, witness my hand and seal of office.							
Kolbalithords Karisaleigh Richards Notory Public							
unde	NUUS	RUMBULEIGH RICHOUS NO					
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Condense)				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2000,00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0			
4.	SCHEDULE E: LOANS	\$ \$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ &			
7,.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø			
115	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Berdy Tandramulia Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) Andrew Rozell Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Street, Denton, TX 76210 Employer (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#:_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.